POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3 73(b)								
I hereby appoint:								
Practitioners associated with the Customer Number.			r.	5120	6			
OR								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):								
	Name :		Registration Number		Name		Registration Number	
						•		
as attorney(s) or agent(s) to represent the undersigned before the United States Palent and Trademark Office (USPTO) in connection with								
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).								
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:								
Please change the correspondence address for the application menting in the attached statement and a correspondence address for the application menting in the attached statement and a correspondence address for the application menting in the attached statement and a correspondence address for the application menting in the attached statement and a correspondence address for the application menting in the attached statement and a correspondence address for the attached state								
The address associated with Customer Number: 51206								
OR								
Firm or Individual Name								
Address								
City	City		State			Zip		
Country								
Tele	Telephone			Fax				
Assignee Name and Address:								
Oracle International Corporation								
500 Oracle Parkway, M/S 5OP7 Redwood Shores, California 94065								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of								
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,								
and must identify the application in which this Power of Attorney is to be filed.								
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee								
Signature S. Can W.					Date	Date 2/12/2008		
Name	T.J. Auglole	· //			Tele	phone 650-	506-6500	
Title	Chief Couns	Chief Counsel						

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